

FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030146

FILED 15 SEP 12 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington-Mo		Length of stay in 1b 56 yrs.		c. CITY OR TOWN Washington-Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS Hosp.		D.O.A. <input checked="" type="checkbox"/> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D 1 West		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stephen John Brinker				4. DATE OF DEATH Month 9 Day 4 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Washington-Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John George Brinker		13b. MOTHER'S MAIDEN NAME Thecla Holtmeyer		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-22-8629		17. INFORMANT George E. Brinker		Address Washington Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING						INTERVAL BETWEEN ONSET AND DEATH INSTANT	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUBJECT WAS THROWN INTO MISSOURI RIVER WHEN BOAT CAPSIZED			
20c. TIME OF INJURY Hour 7:00 a.m. 9/4/60 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MISSOURI RIVER		20f. CITY, TOWN, OR LOCATION DUNDEE		COUNTY FRANKLIN		STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert L. Brinker				22b. ADDRESS Robert L. Brinker		22c. DATE SIGNED 9/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-7-1960		23c. NAME OF CEMETERY OR CREMATORY St Francis Borgia		23d. LOCATION (City, town, or county) (State) Washington-Mo.	
24. FUNERAL DIRECTOR Frederick & Co. Inc.		ADDRESS Washington, Mo		25. DATE RECD. BY LOCAL REG. 9/6/60		26. REGISTRAR'S SIGNATURE J. L. Hickman	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student-Embalmer _____

Signed _____

Licensed Embalmer No. 3254

P. O. Address Washington

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.